

THE SECOND ANNUAL REPORT
of the
DEPARTMENT
of ANESTHESIOLOGY
1959

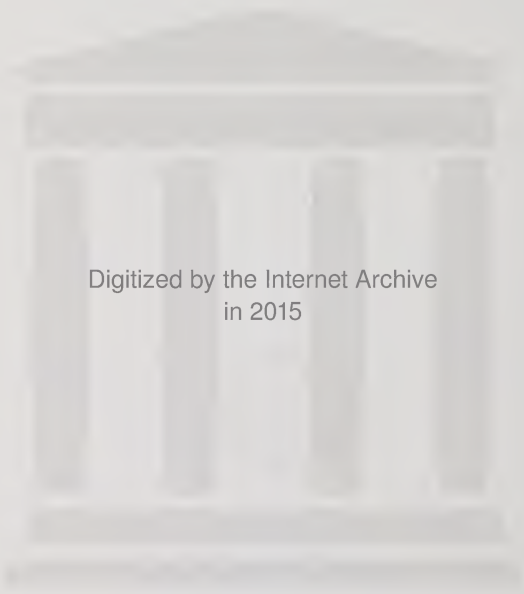


THE NEW YORK HOSPITAL - CORNELL MEDICAL CENTER
525 EAST 68TH STREET, NEW YORK 21, NEW YORK

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DEPARTMENT OF ANESTHESIOLOGY
The New York Hospital

1959

by JOSEPH F. ARTUSIO, JR., M.D.

To the President of the Board of Governors of The Society of The New York Hospital:

Time is now at hand once again to submit the annual report of the Department of Anesthesiology of The New York Hospital. This the second annual report marks the end of a 30 month period during which anesthesiology has functioned as a separate department in The New York Hospital. I know you will read this report with a feeling of great pride as these pages unfold the further development of this department. The Department of Anesthesiology of The New York Hospital is increasing in stature not only in our own institution, but throughout our country and in many foreign lands.

It gives me a great deal of pride to be able to report to you of the Department's development and again to extend my sincere appreciation for your wholehearted support in providing the necessary funds and materials to allow this Department to assume a position among the major departments of anesthesiology.

Clinical load, teaching responsibilities, and research activities have all increased to such a degree that a growing number of people have found it necessary to function in an extremely small area. We found ourselves in an acute situation where, because of lack of floor space, our senior staff and our resident staff had no place where they might sit down and quietly contemplate the day's activities, much less a place where they might think about new concepts for the further development of anesthesiology.

I came to you this year with my space problems, and I can only thank you for your encouraging response in providing the wherewithal to establish the first library-seminar for this Department. For the first time, we are looking forward to a place where a quiet atmosphere and necessary books and reprints will furnish the entire staff with facilities for the study and contemplation of problems involved in clinical anesthesia, the teaching of anesthesiology, and anesthesia research. This new room also will provide an area in which the daily anesthesia seminars can be conducted. No longer will the staff have to roam from room to room searching for space in which to discuss the problems assigned for the day's discussion in our residency training program. Eventually suitable audiovisual teaching equipment will make it possible for us to use this new library with maximal efficiency for the many functions of this Department.

The number of volumes of anesthesia texts temporarily shelved in my office has grown slowly over the past 10 years but this valuable working library was never fully utilized because of its location. In the third annual report, I hope to be able to give you more detailed information about the new library, as it should be completed in 1960. At that time, I shall also report on the number of volumes and periodicals that the library contains, and how it has functioned in this department during the year of 1960.

SENIOR STAFF

My associates in the administration of this department have been:

DR. BENJAMIN E. MARBURY, Attending Anesthesiologist	January, 1949
DR. VALENTINO D. B. MAZZIA, Associate Attending Anesthesiologist	July, 1952
DR. MARJORIE J. TOPKINS, Assistant Attending Anesthesiologist	July, 1952
DR. ROBERT I. SCHRIER, Assistant Attending Anesthesiologist	October, 1956
DR. ALAN VAN POZNAK, Assistant Attending Anesthesiologist	February, 1958
DR. HERBERT ERLANGER, Assistant Attending Anesthesiologist	June, 1957
DR. MANFRED ALEXANDER, Assistant Attending Anesthesiologist	July, 1959
DR. GERALD J. MILLSTEIN, Assistant Attending Anesthesiologist	August, 1959
DR. FRANCIS M. TIERS, Assistant Attending Anesthesiologist	August, 1959

During 1959 we had ten attending anesthesiologists, the largest senior staff to date. Dr. Benjamin E. Marbury continued to supervise the anesthesia for the obstetrical and gynecological patients. His section of this Department has increased service to both groups so that anesthesiologists are now available 24 hours a day. In addition to his clinical duties, Dr. Marbury has been carrying on two joint studies with the Department of Obstetrics and Gynecology; one in the problem of the use of Vasopressin during anesthesia for hysterectomy, the second in the effects of concomitant rauwolfia therapy and the conduct of anesthesia in the obstetrical patient. Both of these studies are soon to be reported. He continues as a member of the Infant Mortality Committee of the New York County Medical Society.

Dr. Valentino D. Mazzia has done a sterling job in supervising the clinical anesthesia of the Department and in integrating the clinical service with the development of the clinical residency program. He continues to represent this Department on the Formulary Committee in this institution, and also continues as a member of the Anesthesia Study Committee of the New York State and New York County Medical Societies.

Dr. Marjorie J. Topkins continues to guide our staff of nurse anesthetists. In this capacity, she has done an excellent job which requires, indeed, a considerable amount of planning not only in scheduling the nurses for clinical duties, but also in arranging their vacations and handling their remuneration. She continues to represent this Department on the Out-Patient Committee and also on the Committee for Professional Services.

Dr. Robert I. Schrier heads the statistical section of this Department and is in immediate charge of its equipment. He has indeed worked diligently throughout the year, and through his efforts an entirely new statistical program will begin and continue during 1960. Not only will this record the numbers and various types of anesthesia for different kinds of surgery, but it will give us an accurate determination of the variety of complications encountered. A statistical report concerning complications and deaths associated with anesthesia will be included in the 1960 report. This data will enable us to prepare a very accurate estimate of our complications and deaths and whether or not these are related to anesthesia. Dr. Schrier has maintained and increased our equipment in this department so that I can truly say that our facilities both for general and regional types of anesthesia are generally excellent.

Dr. Alan Van Poznak has been in charge of the development of the research section of this department. I feel that his work on the structure-function relationships of fluorinated hydrocarbons and fluorinated ethers will eventually produce a new anesthetic that will be available for clinical use. Dr. Van Poznak will visit various anesthesia departments in the East that maintain research laboratories. From an estimate of our requirements and the findings on this trip, we will set up our own efficient research laboratory. Up until this time we have shared the research facilities of the Department of Surgery. Dr. Van Poznak represented this Department on the Procedure Committee.

Dr. Herbert Erlanger continues on our attending staff and at present assumes a large number of clinical duties, but will gradually increase his participation in the research section of this department.

Dr. Manfred Alexander, Dr. Gerald J. Millstein, and Dr. Francis M. Tiers joined the attending staff this year, having completed the two-year residency

in anesthesiology at The New York Hospital. They indeed have done a creditable clinical job. These young men have helped considerably in improving our clinical service and in the clinical evaluation of a very interesting fluorinated ether in man. Dr. Francis M. Tiers recently had accepted for publication a paper on the action of d-tubocurarine during the analgesic state of anesthesia; both he and Dr. Alexander have participated in the clinical study of methoxyflurane.

We were indeed sorry that during the year Dr. Anita H. Goulet resigned from the Department to assume the duties of an anesthesiologist at The Memorial Hospital. We wish her well. Dr. Goulet represented this Department on the Procedure Committee.

RESIDENT STAFF

The complete list of resident staff appointments in anesthesiology for the year 1959 follows:

First Year Resident

DR. MANFRED ALEXANDER	July 1, 1957 to June 30, 1959
DR. RICHARD E. HUNT	July 1, 1958 -
DR. MEHDI JANDAGHI	July 1, 1958 -
DR. ESMERALDA MERCADO	July 1, 1958 -
DR. GERALD J. MILLSTEIN	Oct. 7, 1957 to Aug. 18, 1959
DR. GEORGE R. MONAHAN	July 1, 1958 -
DR. CLAIRE A. SCHEHR	July 1, 1957 to Aug. 19, 1959
DR. FRANCIS M. TIERS	Aug. 1, 1957 to July 31, 1959

First Year Assistant Resident

DR. JOHN J. BEIRNE, JR.	July 1, 1959 -
DR. MARGARET M. DEITZLER	July 1, 1959 -
DR. JOHN ESCHWEGE	July 1, 1959 to Dec. 31, 1959
DR. ROBERT G. MERIN	July 1, 1959 -
DR. YASUO KAKEHI	July 1, 1959 -
DR. ANTHONY J. PULEO	July 1, 1959 -

Of the four residents that finished their residency during 1959, three were appointed to the attending staff of this Department. The appointments were given to Dr. Alexander, Dr. Millstein, and Dr. Tiers. Dr. Claire A. Schehr completed her residency this year and accepted a position as an attending anesthesiologist at the Glen Cove Community Hospital on Long Island.

During this year, six first year assistant residents, the largest number we have yet admitted, entered this Department. I am delighted to point out that one-third of the residents accepted in our program have come from the Cornell University Medical College. It is interesting to note that in last year's annual report I noted that 67% of the people who completed the resident training program at this Center remained in academic medicine. It is also now interesting to note that the proportion of New York Hospital trained

anesthesiologists who have entered some form of academic medicine in this country has now increased to 75%. We are indeed proud of this record. This year we accepted our first student from Japan. We are confident that upon completion of our resident teaching program, this physician will go home to be one of the leaders of anesthesiology in his country.

NURSE ANESTHETISTS

DR. MARJORIE J. TOPKINS in charge

Of 18 available positions for nurse anesthetists, 15 are presently filled. The function of the nurse anesthetist in this Department continues in much the same fashion as was described in last year's report. The nurse anesthetists are providing a service function to this department and are also highly instrumental in allowing us to pursue the very rigid diadactic residency training as we know it today. Our nurse anesthetist group has been quite stable during 1959; there were only five resignations, so that throughout the year our service coverage with nurse anesthetists has been uniform. Although we have no formal nurse anesthetists' training program at this institution, these graduate nurses gain a tremendous amount of clinical experience watching the anesthesiologists in cases which present problems or in situations where an opinion is needed during the progress of the anesthesia.

	<i>Employment date</i>	<i>Resigned</i>
SARA MULLIN, Senior Nurse Anesthetist	Sept., 1932	
JOSEPHINE CAHILL, Senior Nurse Anesthetist	Oct., 1943	
ETHEL KOVAR, Senior Nurse Anesthetist	Oct., 1944	
GRAYCE EVELETH, Staff Nurse Anesthetist	Nov. 1935	
CATHERINE LITZEN, Staff Nurse Anesthetist	Apr., 1937	
MARY SULLIVAN, Staff Nurse Anesthetist	May, 1948	
FRANCES ESTABROOK, Staff Nurse Anesthetist	June, 1955	
ROSEMARY PRUITT, Staff Nurse Anesthetist	Jan., 1956	
SHEILA McDERMOTT, Staff Nurse Anesthetist	Dec., 1956	
NORA FADOU, Staff Nurse Anesthetist	June, 1957	
Jo BETTY DONALD, Staff Nurse Anesthetist	Aug., 1957	Dec., 1959
HARRIET D. STEIN, Staff Nurse Anesthetist	Sept., 1957	Oct., 1959
ELIZABETH DAVIS, Staff Nurse Anesthetist	Feb., 1958	
MAUREEN MAXFIELD, Staff Nurse Anesthetist	Feb., 1958	
LORRAINE MANAYAN, Staff Nurse Anesthetist	Sept., 1958	May, 1959
LEONILDA FERNANDEZ, Staff Nurse Anesthetist	Sept., 1958	May, 1959
AUGUSTA DEGEORGE, Staff Nurse Anesthetist	Nov., 1958	Jan., 1960
CONSUELO HANSEN, Staff Nurse Anesthetist	Nov., 1958	
MARY S. EUSTIS, Staff Nurse Anesthetist	Nov., 1958	Nov., 1959
MARTHE COHN, Staff Nurse Anesthetist	Jan., 1959	
CARMELA MARASCIO, Staff Nurse Anesthetist	Jan., 1959	
CORA KALE, Staff Nurse Anesthetist	May, 1959	
ANNE MARIE RYAN, Staff Nurse Anesthetist	Sept., 1959	
HILDEGARD RHODES, Staff Nurse Anesthetist	Jan., 1960	

FUNCTIONS OF THE DEPARTMENT OF ANESTHESIOLOGY

Clinical Service

During 1959 22 physician anesthesiologists, either attending or in training, have provided service to the Department of Surgery, Department of Obstetrics and Gynecology, Department of Medicine, and the Department of Phychiatry. I believe that all our clinical services have increased both in quantity and in quality. The increase in clinical services has been primarily given by the anesthesiologists. With the increased number of anesthesiologists, there has been more anesthesia coverage by physicians than at any time in the history of this Department.

Our anesthetic agents and techniques have not radically changed during the year; however, with the increased need of providing training in regional nerve block procedures, we are increasing the number of regional procedures done on patients undergoing surgical or obstetrical procedures. This will, we feel, add to the completeness of the clinical training program, because heretofore the vast majority of our anesthetics were based upon inhalation agents and techniques.

RESIDENT TRAINING

DR. VALENTINO D. B. MAZZIA in charge

The teaching of the residents has not changed in philosophy from that presented in the first annual report of the Department of Anesthesiology. The residents continue to be given a firm foundation in the basic sciences related to anesthesia and begin their practical experience with the simplest anesthetic techniques.

There has been some criticism of this method of instruction in clinical anesthesia. Some feel that since diethyl ether by the open drop method and the use of straight agents to accomplish total general anesthesia are outmoded techniques, there is no need to teach them. This group of anesthesiologists believes that a resident should be taught immediately the multiple drug and balanced anesthetic techniques that are in vogue today. They begin their trainees with the use of multiple drugs, as they believe that this is the most advanced and safest form of anesthesia for all patients, even in the hands of the neophyte.

We counter with the proposition that an individual who has never learned

to use a single anesthetic agent and accomplish total anesthesia with it never acquires the knowledge of the potential effect of the drug. If the trainee cannot master single agents, how can he possibly recognize the effects of each agent when he mixes them in multiple drug techniques. Everyone will agree that there are various clinical situations where single drug total anesthetics are required. Under these circumstances physicians trained solely in the multiple drug methods have no appreciation of what can be done with a single agent, and, in fact, have grave doubts about their ability to satisfy anesthetic requirements with one drug. If a man is trained with a broad basic foundation in single drug techniques, then he need never be concerned about mastering any new anesthetic agent which comes into vogue.

Multiple drug techniques appear to be rather simple to administer; the anesthetic inductions are rapid, and the entire procedure appears to go smoothly and without difficulty. However, one pays a price for this so-called smoothness and speed. Unless the individual is well-versed in the pharmacology of each of the anesthetic agents he is using, the multiple drug techniques will increase rather than decrease morbidity and mortality associated with anesthesia. Our training program will continue to begin with simple straight agents and simple anesthetic techniques, and will require residents to use these drugs and techniques until they are proficient.

MEDICAL STUDENT TRAINING

We are now actively engaged in an experiment in clinical teaching during seven hours devoted to anesthesiology in the third year. In the 1959-1960 academic year, this experiment in teaching anesthesia was begun. Two copies of mimeographed notes covering each anesthesiology lecture were given to a first group of medical students. They retained one copy and returned the other with any comment or question they felt to be appropriate. A formal lecture covering the material was also delivered at this time. A second group of third year students received the mimeographed notes the week before the given lecture. The notes were to be read previously and the "lecture" hour was spent answering student questions based on the mimeographed notes. On the basis of this experience, we revised a set of mimeographed notes, incorporating the suggestions gleaned from the first two student groups. A third group then received the new notes one week in advance of the time for the topic of presentation and a faculty panel discussed the students' questions.

The topics discussed in the third year are the following: 1) History of anesthesia, theories of narcosis, and depth of anesthesia as related to reflex irritability; 2) Preoperative visit, preanesthetic medication, and choice of anesthetic agent; 3) Pharmacology of inhalation and intravenous anesthesia agents; 4) Balanced anesthesia, muscle relaxants, induced hypotension, generalized hypothermia and mechanical pump oxygenators; 5) Coma, the upper

airway, pulmonary and cardiac resuscitation, and inhalation therapy; 6) Pharmacology of local anesthetic drugs, reaction to local anesthetic drugs, local infiltration, block, regional, spinal, and epidural anesthesia; 7) Anesthesia management of casualties.

The result of the experiments will be ultimately evaluated in terms of how successfully anesthesiology has been taught to this group of third year students. It is also hoped that with this experimental teaching method we will encourage self-education and foster scholarship.

An elective of one to two months full-time study with the Department of Anesthesiology is available to the fourth-year students. This elective is valuable to the student who feels that he may be interested in becoming an anesthesiologist and desires some first-hand knowledge of the specialty. It is also of value to the student who plans to enter general practice or surgery and would like to have a background which will enable him to understand and appreciate good anesthesia management.

RESEARCH FUNCTION

DR. ALAN VAN POZNAK in charge

For the past three years we have screened a series of fluorinated hydrocarbons and ethers in an attempt to find a nonflammable anesthetic agent of limited biologic potency. Encouraging results have been found in dogs, but trials in man have thus far been disappointing.

In the course of this search, however, a number of interesting compounds beyond the desired potency range have been synthesized and investigated. The most interesting of these at present is 2,2-dichloro 1, 1-difluoro 1 methoxy ethane, which, during animal experimentation, appeared to combine many of the pharmacologically desirable features of diethyl ether with the added advantage of nonflammability. Cautious trial on patients with advanced malignancy bore out these expectations, and to date over one hundred fifty cases have been done in man with uniformly favorable results. The conditions of diethyl ether anesthesia preferred by many neurosurgeons can now be extended to these patients without fear of explosion hazard from the concomitant use of the Bovie unit. This drug has eliminated the explosion hazard of ether anesthesia from other areas such as cystoscopy and X-ray rooms.

In addition to this general clinical trial, Dr. Richard Hunt has been investigating the effect of the drug on liver function tests, where it appears to have actions similar to those of diethyl ether or cyclopropane.

The drug is now known generically as methoxyflurane. Its only possible disadvantage when used alone is a somewhat slow induction and emergence. It is our hope that other more rapidly acting drugs which have shown promise in animal experiments will be as useful in clinical application.

The Department has provided a continuing service to the cardiovascular surgical team in operating the measuring equipment used in conjunction with cardiac bypass surgery. In this way, the preoperative cardiac catheterization results can be checked at the operating table, the functions of the pump-oxygenator can be closely monitored, and the postoperative result and possible need for further surgical intervention can be determined immediately while the chest is still open.

Dr. Benjamin E. Marbury has assisted the Department of Obstetrics and Gynecology in an investigation of the intra-uterine use of posterior pituitary hormone (Vasopressin) during anesthesia. Employing this drug in this manner has produced no demonstrable effect on the cardiovascular mechanism. Dr. Marbury assisted in a study with the Department of Obstetrics and Gynecology to determine the effect on blood pressure during delivery of patients who had received Serpasil for pre-eclampsia. The results of this investigation indicated that Serpasil caused a significant fall in blood pressure during anesthesia and delivery, and this drug was therefore stopped two weeks prior to the time of anticipated delivery.

STATISTICS AND RECORDS

DR. ROBERT I. SCHRIER in charge

During the past year, the activities of the records and statistics section of the Department of Anesthesiology have been increased. Miss Grayce Eveleth, having completed her course in I.B.M. technique, now assists Miss Sara Mullin. As in 1958, the statistical material of interest to the Department is abstracted daily from our anesthesia and clinical records, coded, and recorded on punch cards.

Chart 1 indicates an increase of 401 anesthetics administered in 1959 over the preceding year. This figure is taken from the subtotal, since this year 356 obstetrical procedures not included in prior reports are grouped with locals in operating room.

As in 1958, Chart 2 reveals that approximately one-third of our general anesthetics are accomplished using either oral or nasal endotracheal catheters.

Neuromuscular relaxants were used in approximately one-third of the proce-

dures, and it is noteworthy that there has been an increase of approximately 100% in the use of the persistent depolarizing agents (succinylcholine chloride) compared to a similar decrease in curare-type blocking agents.

With the exception of the increased popularity of the infant's and child's closed CO₂ absorption circle, techniques have remained essentially unchanged since last year. Inhalation anesthesia still accounts for better than 80% of the total anesthetics administered in all sections of the Department.

On January 1, 1960 the Department began a more intensified program with respect to postoperative reporting of complications. The data initially collected by the Department members concerned is then compiled and reviewed so as to determine whether the anesthetic management was related to the death or complication. Material of interest is then coded according to a specially arranged code and then recorded on punch cards. From these it is expected that the Department will have complete and accurate statistical material available on the management of each case.

1959

Department of Anesthesiology

General Surgery — GYN — Obstetrics

Cyclopropane	7,527	
Ether — closed circle	2,327	
Ether — open	1,137	
Nitrous Oxide	4,601	
I.V. Pentothal	70	
Rectal Pentothal	38	
Trilene (Trichlorethylene)	9	
Vinethene	24	
Regional block for surgery.....	40	
Spinal	179	
Caudal	1	
Refrigeration	2	15,955
Locals O.R.	3,243	
Blocks O.R. (Therapeutic & Diagnostic).....	34	
Locals — Clinics	391	
Block Clinics	3	
Adjuvants for electroshock therapy.....	171	3,842
TOTAL		19,797
Private patients	11,116	
Pavilion patients	8,681	19,797

CHART I—Annual Summary — Primary Anesthetics.

Department of Anesthesiology

General Surgery — GYN — Obstetrics

Methods of induction to primary anesthesia

I.V. Pentothal induction	9,871
Vinethene induction	576
Rectal Pentothal	149
Avertin	64

Induction and maintenance with same anesthetic

Cyclopropane induction to Cyclopropane maintenance.....	598
Ether induction to Ether maintenance.....	437
Nitrous Oxide induction to Nitrous Oxide maintenance.....	2,845

Technics

Closed circle — CO ₂ absorption technic.....	8,961
Semi-closed circle — CO ₂ absorption technic.....	5,451
Open method mask	486
Insufflation (Mouth hook, Ayer's T tube or Slocum tube).....	682
Non-rebreathing valves (for children).....	31
Infant circle — closed CO ₂ absorption technic.....	138

Special technics

Arfonad — controlled hypotension	163
Cardiac pulmonary bypass	62
Generalized hypothermia — tub.....	3
Refrigeration — localized.....	3

Endotracheal intubation

Nasoendotracheal	189	
Oroendotracheal	4,697	4,886

Neuro-muscular blocking agents

D'tubocurarine	1,890	
Anectine	2,637	
Both combined	806	5,333

CHART II—Annual Summary — Methods of Induction Technics, Special Drugs.

All personnel

ANESTHESIOLOGY DEPARTMENT

Summary of cases — Includes General, Spinal and Block Anesthesia

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
HEAD AND NECK ENT (by region)	67	60	75	116	100	82	29	13	54	56	78	75	805
Eye	14	23	34	24	25	34	38	28	12	12	14	28	286
Dental	12	11	12	10	10	13	8	8	7	7	15	5	118
Face	18	6	10	17	15	10	10	21	18	12	12	15	164
Thyroid	25	18	25	17	23	22	18	19	11	14	19	11	222
Neck	21	13	16	25	19	20	26	17	17	16	14	19	223
Head—superficial	2	2	6	1	2	0	2	2	3	0	1	3	24
Intra-cranial	32	23	20	20	22	21	18	17	12	18	21	15	239
Esophagoscopy)	3	5	4	5	9	2	2	3	1	2	3	3	42
Bronchoscopy)													
Total	194	161	202	235	225	204	151	128	135	137	177	174	2123
THORAX													
(Incl.													
Great Vessels (Card. cath)	3	4	1	4	3	4	4	2	1	1	4	6	37
Mitral Valvulotomy	9	10	5	2	8	11	7	2	7	8	3	5	77
Heart-lung bypass	7	6	9	7	4	6	2	0	4	7	6	4	62
Other heart surgery	3	4	4	0	4	3	3	0	2	1	1	3	28
Intra pleural	6	10	18	14	11	21	10	18	13	17	16	10	164
Extra pleural	0	0	0	0	1	2	0	0	0	0	0	0	3
Thorax—superficial	28	38	34	42	39	41	32	36	35	48	39	46	458
Thoracic cage	1	3	1	4	2	6	1	2	3	1	3	2	29
Shoulder	4	3	2	2	5	3	0	3	0	3	4	3	32
Thoracic sympathectomy	0	3	0	0	1	0	1	0	1	1	0	0	7
Total	61	81	74	75	78	97	60	63	66	87	76	79	897
UPPER ABDOMEN													
Stomach—duodenum	32	27	23	25	28	27	20	14	18	26	27	25	292
Biliary tract	52	49	54	54	53	70	42	30	31	50	48	45	578
Retro—peritoneal	1	0	1	1	0	2	1	1	1	7	0	2	17
Colon	27	23	22	29	31	28	23	22	19	23	29	29	305
Pancreas	3	1	3	3	3	4	3	2	3	3	1	2	31
Spleen	3	5	4	2	2	0	3	0	7	2	4	5	37
Renal	14	16	19	20	24	25	21	11	9	15	14	17	205
Portal	2	5	0	2	2	4	1	1	3	3	1	3	27
Close evisceration	0	0	0	2	0	0	0	0	1	0	0	0	3
Negative exploration	0	1	1	0	1	1	1	0	0	0	0	0	5
Total	134	127	127	138	144	161	115	81	92	129	124	128	1500

All personnel

ANESTHESIOLOGY DEPARTMENT

Summary of cases — Includes General, Spinal and Block Anesthesia

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
LOWER ABDOMEN													
Negative exploration	0	1	0	0	1	1	0	0	0	0	0	0	3
Appendix	24	10	17	20	26	19	26	15	27	28	18	18	248
Bowel, small	6	3	16	7	11	7	3	6	12	8	7	16	102
O.B. Vaginal delivery	293	295	330	315	336	316	350	330	361	366	310	300	3902
GYN abdominal surgery	56	57	60	66	64	71	54	58	47	73	65	62	733
Urology, abdominal	38	31	34	34	44	45	47	49	34	26	29	41	452
Caesarean section	25	22	22	14	18	18	25	18	14	21	19	17	233
Abdominal—perineal	0	5	3	5	5	3	2	4	3	2	3	6	41
Abdominal sorta and vessels	6	3	11	8	7	7	8	5	6	5	6	7	79
Ventral hernia	4	1	1	1	7	5	1	1	7	8	3	7	46
Total	452	428	494	470	519	492	516	486	511	537	460	474	5839
ABDOMINAL WALL													
Hernia, ing. fem. umb.	43	39	53	46	49	47	45	29	41	32	30	33	487
Lumbar sympathectomy	0	7	1	7	1	0	3	0	4	4	7	1	35
Abdomen, superficial	7	4	7	9	5	2	8	7	5	5	3	7	69
Burns, 10% body (1st operation)	0	0	0	0	0	0	0	0	0	1	1	0	2
Total	50	50	61	62	55	49	56	36	50	42	41	41	593
PERINEAL													
Perineal GU (TUR) (Cysto)	111	90	118	101	92	88	97	94	79	110	95	115	1190
Ano—rectal	18	22	16	29	26	32	20	19	23	25	20	19	269
Perineal GYN (D&C., etc.)	204	194	205	173	221	211	186	173	166	232	181	150	2296
Vaginal hysterectomy	11	13	20	22	15	12	14	8	10	17	12	6	160
Total	344	319	359	325	354	343	317	294	278	384	308	290	3915
SPINE													
Negative exploration	0	0	1	0	0	0	0	0	0	0	0	0	1
Column	11	8	5	7	9	12	8	5	3	9	5	4	86
Cord	3	1	3	3	5	3	6	3	2	4	4	7	44
Back, pilonidal, etc.	8	5	3	9	6	14	3	9	5	6	3	5	76
Total	22	14	12	19	20	29	17	17	10	19	12	16	207
LIMBS													
Upper bone	11	3	5	3	6	9	3	10	6	5	5	4	70
Upper soft	21	19	11	14	14	13	15	22	19	9	12	18	187
Lower bone	34	31	34	26	34	24	20	25	20	19	21	28	316
Lower soft	36	24	27	29	21	33	30	30	23	20	11	17	301
Total	102	77	77	72	75	79	68	87	68	53	49	67	874
Grand Total Anesthetics	1360	1258	1407	1396	1470	1454	1301	1192	1210	1390	1247	1270	15,955
Grand Total Operations	1359	1257	1406	1396	1470	1454	1300	1192	1210	1388	1247	1269	15,948
Anesthesia — no operation	1	1	1	0	0	0	1	0	0	2	0	1	7

CLOSING COMMENTS

My closing comments in the 1958 Report indicated that this new Department must advance on all fronts — clinical, teaching, and research. As you review this report, I am sure that it will be obvious that there has been significant advance in the three categories mentioned.

Clinically, this department has provided more service to our institution, as the statistics indicate that we accomplished many more anesthetics than in the previous year.

Clinical teaching has advanced, and our experimental program with the medical students is a significant one indeed. It has been said that every great medical school is constantly conducting experiments in teaching, and I believe that every department should participate in this valuable work. I hope to be able to tell you the results of our experiment in medical school teaching in anesthesiology in the 1960 report.

Our research activity has shown great progress. I believe that if the results with the new nonflammable, nonexplosive ether continues to be as successful as they have been, we will see this agent gain widespread use throughout the world. I think it should be mentioned at this time that this is the first time the anesthetic properties of a drug and its clinical use have been discovered and reported by the same group of anesthesiologists. However, our research has not stopped. We are continuing to search for newer and better anesthetic agents to benefit mankind.

In the 1958 Report I mentioned that we were in desperate need of space in the Department. As you see, space in the form of seminar and library facilities is being provided so that it will be a reality in 1960. We still must strive for adequate research laboratories, as I believe these vital to any department. It is my earnest hope that during 1960 or shortly thereafter, with the proposed new building that is being planned in our Center, that adequate space for research will be provided to the Department of Anesthesiology.

I characterize this year as one of definite progress. I feel sure that I have indicated to you that in providing better clinicians, good teachers, and advances in research, we as the Department of Anesthesiology of a great institution are playing a major part in making the anesthetic state safe for all patients.

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